Public Health
Seattle & King County

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

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Health Care for the Homeless Network
Public Health—Seattle & King County

2004 Annual Report on Homeless Deaths

Issued October 2005

City of Seattle
Gregory J. Nickels, *Mayor*

King County
Ron Sims, *Executive*

PREFACE

I am pleased to share with you the attached *2004 Annual Report on Homeless Deaths* which provides information on the deaths of people who were identified as homeless by King County Medical Examiner. The report was prepared by the Health Care for the Homeless Network.

In 2004, 82 deaths of homeless people came under the jurisdiction of the King County Medical Examiner. (As the report explains, this figure does not represent *all* homeless deaths in King County because not all homeless deaths come under the Medical Examiner's jurisdiction.)

Enormous personal suffering and serious community challenges are reflected in these deaths. Many were clearly premature—the average age of death was 47 years old—and it is possible that many could have been prevented. From a public health perspective, the deaths described in this report reflect the tip of an iceberg: resting below the surface are the widespread health disparities that exist among those who are homeless, disparities that too often contribute to an early death. Some of these individuals were well known to local systems of care, others were not. Some died in the heart of downtown Seattle, others deep in the woods of rural King County.

As our community organizes itself toward the common goal of ending homelessness in ten years, this report illustrates the complexity of the work that lies ahead, and provides clear evidence of why that work is necessary.

Questions on this report may be directed to Janna Wilson, Health Care for the Homeless Network Program Manager, at (206) 296-4655.

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2004 Annual Report on Homeless Deaths

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Public Health – Seattle & King County **Issued October 2005**

Introduction

This report summarizes the 2004 demographic and cause of death data from the King County Medical Examiner (KCME)[1] on deaths of individuals they identified as having been likely homeless at the time of death.[2] **In total, 82 deaths of homeless people were identified by the KCME in 2004.** Because only certain deaths come under the jurisdiction of the KCME, these 82 deaths do not constitute a representative sample of homeless deaths. In particular deaths due to natural causes are not representative of all natural deaths. These 82 deaths also do not encompass all homeless deaths; certain information is not available or accessible.[3] Finally, *this summary should not be compared directly with the 2003 King County Homeless Death Review* prepared by Health Care for the Homeless Network (HCHN) due to a difference in the method used to identify the homeless population. For the 2003 report, resources allowed for a special, in-depth study. In 2005 and beyond, however, we anticipate that one will be able to make comparisons to the 2004 data presented below.

Data Summary

Table 1: Demographic Data		
Total Deaths		82 (100%)
Gender	Females	16 (20%)
	Males	66 (80%)
Race	White	52 (63%)
	African American	12 (15%)
	Native American	8 (10%)
	Hispanic (in race category) [4]	5 (6%)
	Asian and Pacific Islander	1 (1%)
	Other/Unknown	4 (5%)
Hispanic as Ethnicity [4]		6 (7%)
Age	20-29	8 (10%)
	30-39	12 (15%)
	40-49	29 (35%)
	50-59	21 (26%)
	60-69	9 (11%)
	70-79	2 (2%)
	Unknown	1 (1%)
Average age at time of Death (excluding case of unknown age)		
Females (n=16)		44 years
Males (n=65)		48 years
Total Pop (n=81)		47 years

Observations and Notes:

- The majority (80%) of deaths identified by the KCME were male.[5]

- Decedents tended to be relatively young. Of the deaths identified by the KCME, 76% occurred between the ages of 30 and 59 years. The average age at death was 47 years.

- Decedents were disproportionately African American and Native American relative to the general population, while Asians, Pacific Islanders, and whites were underrepresented compared to the general population.[6] This is consistent with populations served by HCHN[7] and with the Annual One Night Count.[8]

- No unattached homeless youth were identified as part of this group. This may suggest that KCME data does not facilitate easy identification of youth who were homeless.[9]

Among the 82 likely homeless decedents identified by the KCME, 28 (34%) had been seen by a HCHN care provider at least one time since January 1, 2002.

Table 2: Circumstances at Death

Manner		
	Natural [10]	37 (45%)
	Accident (total)	32 (39%)
	- Intoxication [11]	*22* (27%)
	- Other	*10* (12%)
	Suicide	5 (6%)
	Homicide	4 (5%)
	Undetermined	4 (5%)
Season	Winter (Oct-March)	47 (57%)
	Summer (April-Sept)	34 (42%)
	Unknown	1 (1%)

Table 3: Primary Cause of Death (categorized)

Acute intoxication [11]	20 (24%)
Trauma Related (total):	15 (18%)
Trauma – Homicide [12]	*4* (5%)
Trauma – Suicide [12]	*4* (5%)
Trauma – Unknown	*5* (6%)
Secondary Infection following Trauma	*2* (2%)
Cardiovascular Disease	10 (12%)
Infection/Condition Secondary to Alcohol or IV drug use	8 (10%)
Pneumonia	7 (9%)
Cirrhosis	5 (6%)
Cancer	4 (7%)
Died in a Fire	3 (4%)
Drowning	3 (4%)
Hypothermia/Environmental Exposure	1 (1%)
Tuberculosis	1 (1%)
Other	5 (6%)

Table 4: Incident Locations

Seattle	58 (71%)
South King County [13]	14 (17%)
East King County [13]	2 (2%)
North King County [13]	2 (2%)
Outside King County [13]	4 (5%)
Unknown Location	2 (2%)

Observations and Notes:

While intoxication may be intentional or unintentional, if there was no evidence substantiating an intentional act of suicide by intoxication, this determination could not be made by the KCME and such deaths were categorized as either accidental or undetermined depending on the circumstances.

- The majority of deaths were natural in manner.[10]

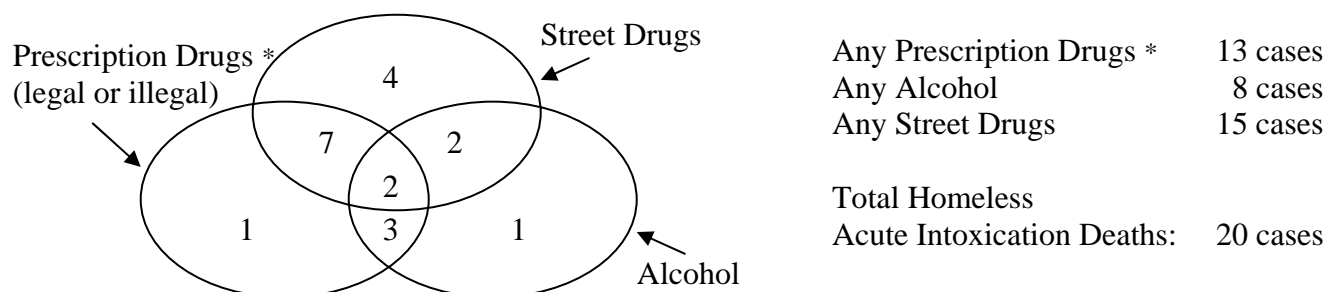- Intoxication was the most frequent cause among the accidental deaths.

- Slightly more than half (57%) of all deaths summarized in this report occurred during the winter season (October-March).

- The most frequent specific causes of death were acute intoxication (24%), trauma (18%), and cardiovascular disease (12%).

- Illnesses and other chronic conditions accounted for at least 33% of deaths.

- One death was caused by hypothermia and environmental exposure; however, drug use may have been involved as well as it was listed among the "other conditions."

- Most incidents occurred in Seattle (71%), followed by South King County (17%).

- Several incidents took place in neighboring counties; however, these deaths occurred at Harborview and were under the jurisdiction of the KCME.

The figure below summarizes the types of drugs involved in the 20 homeless deaths in which the primary cause of death was acute intoxication.

Figure 1: Drugs Involved in Homeless Acute Intoxication Deaths *(not to scale)*

Prescription Drugs *
(legal or illegal)

Street Drugs

Any Prescription Drugs *	13 cases
Any Alcohol	8 cases
Any Street Drugs	15 cases
Total Homeless Acute Intoxication Deaths:	20 cases

Alcohol

* Note: Prescription drugs may represent either legal or illegal substances depending on whether the individual had been prescribed the medication or whether the person bought or otherwise acquired it on the street.

Among the drugs, the most common were cocaine (involved in 13 or 65% of the 20 acute intoxication deaths), and opiates (involved in 11 or 55% of the acute intoxication deaths). While it is most likely these were illegal drugs, keep in mind they can also be components of legal, prescription drugs.

Discussion

The 82 homeless people who died in 2004, as identified by the KCME, died young. Nationally, the average age of death in the United States is 77.6 years.[14] The men and women in this group died at an average age of 47 years. Like previous studies on homeless deaths, the causes of death in 2004 continue to reflect the many harsh realities and risks faced by those who live on the streets and in shelters – chronic health conditions, traumas, and the troubling role of alcohol and drugs. Reflecting the fact that homelessness is not just an issue of the urban core, homeless people died in many communities throughout King County.

HCHN calls for deeper analysis into selected homeless death cases. Case analyses can reveal specific weak points in homeless response efforts, and promote more effective work across the systems of care that are organizing to end homelessness in our community. Finally, we ask that readers keep in mind that this snapshot of homeless deaths likely under-represents the number of homeless people who died from natural causes and chronic illness. Many of those people would have been under the care of a health provider, and an investigation by the KCME would in most cases not have been required. In addition, care providers who work with homeless people have noted that many of their clients with terminal illnesses acquire permanent housing in the final months of life – such deaths are not reflected in this report. While a comprehensive analysis of all homeless deaths is beyond the scope of this report, we hope the data presented here serve to remind our community of the importance of our collective work to end homelessness and to continue our efforts to support our homeless neighbors in their work toward health, safety, and recovery.

Health Care for the Homeless Network extends its thanks to the King County Medical Examiner's office for its assistance in gathering this data.

Notes and References

[1] The KCME takes jurisdiction of deaths due to unnatural causes, deaths in which people die suddenly when in apparent good health and without an attending physician in the 36 hours preceding death, and deaths with suspicious, unknown, or obscure circumstances.

[2] Beginning in 2004 the KCME added a field to their database to identify decedents who are determined to have been "likely homeless." Likely homeless cases are those in which the person resided or died at one of a list of homeless emergency and transitional shelters (see appendix), was known to have been homeless, couch surfing, sleeping outdoors, or staying at motels, had "no permanent address," or was otherwise suspected to have been homeless as a result of the case investigation or communication with next of kin. Since it is not possible to identify all homeless people within the KCME caseload, the "likely homeless" field is used as a way of identifying those cases for which homeless status can be determined with at least reasonable certainty.

[3] Homeless deaths that are not encompassed in this summary include but may not be limited to:

   a. **Homeless people in the 2004 KCME database whose homeless status could not be identified through case investigation, next of kin, residence, or incident address.** This could include, among others, cases in which next of kin supply an address for the decedent without making known that the person had been homeless, cases in which homeless youth are listed under a guardian's residence address and are not known to have been homeless by medical examiners, and cases in which insufficient information exists to identify or verify that the person had been homeless, based on the KCME likely homleess definition.

   b. **Homeless people who died in 2004 but whose deaths did not fall under the jurisdiction of the KCME.** This could include, among others, cases in which a homeless person died in hospital or with attending medical care in the 36 hours preceding death.

   c. **Homeless people who acquired permanent housing as a result of terminal illness,** and subsequently died while in permanent housing.

When the 82 KCME likely homeless cases were cross checked with the HCHN encounter database, 46 were not found (all persons in the HCHN database have been homeless and have received HCHN health services at some time). Conversely, there were 54 people in the HCHN encounter database who had died in 2004, 18 of whom were not on the KCME 2004 likely homeless list. Some or all of these 18 people may have been in the KCME database but been unidentifiable to medical examiners as homeless. In addition, some or all may have been homeless people whose deaths fell outside the jurisdiction of the KCME and were not investigated. There may be a further set of homeless deaths that occurred in 2004 and were not known to either HCHN or KCME. These deaths, if any, are also outside the scope of this summary.

[4] Hispanic was a category within the "race" data field and also a separate data field "Hispanic as Ethnicity". Not all decedents identified under "Hispanic as Ethnicity" were also marked as Hispanic under "race".

[5] The frequency of male death as compared to female death in the review population may reflect the likelihood that circumstances of male deaths more frequently result in KCME investigation than do those of female deaths.

[6] King County Budget Office. 2004 King County Annual Growth Report: Statistical Profile on King County. www.metrokc.gov/budget/agr/agr04/PDFs/back-cvr04.pdf. 2004.

[7] Health Care for the Homeless Network. 2004 Annual Report. Public Health – Seattle & King County. www.metrokc.gov/health/hchn/2004-annual-report.pdf.

[8] Seattle Coalition for the Homeless. 2004 One Night Count: People surviving homelessness in King County, Washington. www.homelessinfo.org/2004ONCreport.pdf. March, 2005.

[9] Children, youth, and young adults are underrepresented in the population described in this summary relative to the homeless population served by HCHN in which 42% of clients are 34 years or younger and 15% are under 17 years (Health Care for the Homeless Network 2004 Annual Report). Some possible explanations for this could be that: a) homeless unattached youth who die may be reported under a guardian or family member's address and not identified as homeless; b) deaths of young children would most likely have occurred in hospital and may therefore not have fallen under the jurisdiction of the KCME; c) young people, while potentially facing health issues, may be less likely to die at this stage of life.

[10] Natural deaths are those for which a physical cause can be identified other than an accident, suicide, or homicide.

[11] Accidental acute intoxication may be due to alcohol, street drugs, prescription drugs, or a combination.

[12] Homicides and suicides are reflected in table 2 under manner of death. In table 3 they are distributed under other categories based on the cause of death. Those involving trauma as the cause of death are listed under Trauma while the remainder fall into other categories.

[13] **South King County:** Auburn 3, Des Moines 2, Federal Way 1, Kent 2, Maple Valley 1, Pacific 1, Renton 1, Tukwila 3. **East King County:** Clyde Hill 1, Kirkland 1. **North King County:** Kenmore 1, Lake Forest Park 1. **Outside King County:** Aberdeen 1, Everett 1, Sultan 1, Tacoma 1.

[14] Centers for Disease Control and Prevention. National Vital Statistics Reports. www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53_15.pdf . Vol. 53, Number 15. Feb 2005.

Definition of "Likely Homeless" field in the King County Medical Examiner Database

A person is defined as homeless when he or she lacks a fixed and adequate nighttime residence. Included are persons (adults, children, and youth) temporarily living in:

- Emergency shelters for people who are homeless. This includes both public and private shelters (e.g. shelters operated by government, non-profit organizations, religious groups, and others).

- Hotel rooms for less than 30 days. (Includes people who pay for their own rooms <u>and</u> those whose room is paid by a public or private organization in order to provide emergency shelter. The latter are often referred to as "motel vouchers").

- Public or private places not designed for, or ordinarily used as, regular sleeping accommodations for human beings. (Examples: sleeping on the streets or in parks; in the Sobering Center; camping in greenbelts or parks; abandoned buildings; vehicles; residents of "Tent City," etc.)

- An institution from which he/she would have been discharged with no place to go, and was apparently homeless upon entry to the facility (e.g. a treatment facility, mental health hospital, the Harborview Medical Respite program, jail, etc.)

The above categories are consistent with all federal HHS and HUD definitions of homeless persons. Three groups of people who are sometimes also categorized as "homeless" – depending on the federal program the definition pertains to – are (1) people living in transitional housing programs; (2) people living in "doubled up" situations- staying with others but on a short-term, temporary basis; and (3) people staying in private dwellings who are under imminent eviction. Individuals meeting these criteria would not be listed as "likely homeless" in the King County Medical Examiner database.